



**INDIANA STATE DEPARTMENT OF HEALTH**  
**APPLICATION FOR AGRICULTURAL LABOR CAMP PERMIT**

State Form 50508 (8-01)  
Permit IC 16-41-26  
Sanitary Engineering

- INSTRUCTIONS:** 1. *Mail Application to::*  
*Indiana State Department of Health*  
*Attention: Sanitary Engineering*  
*2 North Meridian Street, Section 5E*  
*Indpls IN 46204-3006 or*  
2. *Fax Application to: 317/233-7047*  
3. *Direct questions to: 317-233-7811*

**Camp Owner Information**

Name \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
(Town or City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Area Code and Telephone Number)

\_\_\_\_\_  
(County)

\_\_\_\_\_  
Email Address

**Camp Information**

Crew Leader \_\_\_\_\_

Name of Camp \_\_\_\_\_

Location of Camp \_\_\_\_\_

\_\_\_\_\_  
(Town or City)

\_\_\_\_\_  
(County of Camp)

Expected Date of Occupancy \_\_\_\_\_ Expected Date of Closing \_\_\_\_\_

# of Occupants Last Year \_\_\_\_\_ Expected # of Occupants this Year \_\_\_\_\_

Sewage Disposal \_\_\_\_\_ Water Supply \_\_\_\_\_  
(Public or On Site) (Public or Well)

**Mortgage Holder**

**Operator Information**

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City & State \_\_\_\_\_ City & State \_\_\_\_\_

Zip Code \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Note: The owner (Deed holder) is responsible for operation of this facility in compliance with IC 16-41-26 and 410 IAC 6-9. All Permits issued pursuant to IC 16-41-26 Expire May 1 following the date of issue.

Date \_\_\_\_\_ **Owner's Signature** \_\_\_\_\_

**\*INCOMPLETE OR INACCURATE APPLICATIONS WILL BE RETURNED\***